



March 18, 2016

Letter of Appeal
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

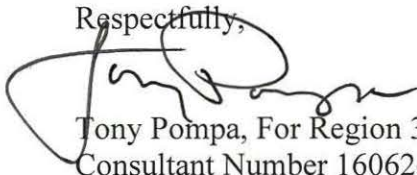
CC Docket No 02-6

To whom it may concern:

Appellant Name: Tony Pompa, Consultant for applicant.
CRN: 16062696
Applicant: Industrial Independent School District
Applicant BEN: 141456
Applicant Form: 962646

I filed an appeal to USAC for Industrial Independent School District BEN 141456 Application Number 962646 when we received the Form 472 BEAR Notification Letter and noticed FRN 2646511 was zero and the deadline to file a BEAR had closed. We were unable to refile the BEAR Form. I contacted Southwestern Bell Telephone Company and requested the reason for not certifying. The SWBTC representative said the FRN amount entered exceeded the amount of funding. Service providers normally certify BEAR Forms up to the amount of funding when the full amount of the service for the year is entered, but not this time. I filed an appeal with USAC hoping they would waive the deadline and approve an extension to file, but the appeal was denied. We respectfully request that the FCC waive the deadline and approve an extension for Industrial Independent School District so that they may get E-rate disbursement for their services with FRN 2646511.

Respectfully,



Tony Pompa, For Region 3 Education Service Center, Consultant
Consultant Number 16062696
1905 Leary Lane
Victoria, TX 77901
361-573-0731
tpompa@esc3.net



1905 Leary Lane,
Victoria TX 77901

December 18, 2015

Schools and Libraries Division Correspondence Unit
Attention: Letter of Appeal
30 Lanidex Plaza West, PO Box 685
Parsippany, NJ 07054-0685

Re: Appeal of a Decision of the Universal Service Administrative Company

Appellant Name: Tony Pompa
CRN: 16062696
Applicant Name: Industrial Independent School District
Applicant BEN Number: 141456
Funding Year: 2014
Form 471 Application Number: 962646
Reimbursement Form Number: 2278489
Funding Request Numbers: 2646511

Appeal

Background

For funding year 2014, Industrial Independent School District received and paid services to the vendor listed:

Southwestern Bell Telephone Company (SWBTC) – Mike Swisher

As required by the program, the Form 472 was filed for reimbursement by Industrial ISD. The amounts entered on Form 472 (invoice#2278489) were the total amounts paid for services less the discount rate. The total amount entered was more than the amount approved for funding.

After receiving the Form 472 Notification Letter with the reimbursement amount of zero, I called SWBTC to get details. I was informed the service provider representative did not certify the invoice because the amounts were greater than the amount of funding.

Letter of Appeal
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December 18, 2015

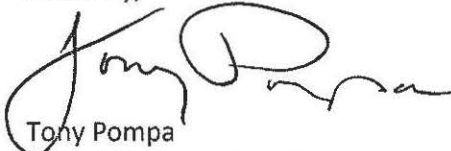
It is known that if the amounts entered are more than the funding amount, the service provider should certify up to the amount of funding. I called USAC on 11/13/2015 for confirmation and the USAC representative agreed and confirmed, the vendor should have certified the invoice up to the amount of funding.

Because the SWBTC representative did not certify the Form 472, Industrial ISD was denied reimbursement. Also at the time of notice, the time for filing an extension was beyond the allowable date to request an extension and Industrial ISD was unable to edit and refile the Form 472.

We respectfully request USAC to rescind the denials and approve an extension request for the FRNs listed in our appeal. We ask for the opportunity to request reimbursements for the expenses paid by Industrial Independent School District.

Attached are the Form 472 and Form 472 Notification Letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Pompa", with a large, stylized loop at the end.

Tony Pompa
School Business Specialist
361 -573-0731
tpompa@esc3.net



Schools and Libraries Division



Form 472 (BEAR) Notification Letter

November 4, 2015

Mike Swisher
Southwestern Bell Telephone Company
444 Michigan Ave.
Floor 2
Detroit, MI 48226

Re: Invoice Number - as assigned by USAC: 2278489
Service Provider Identification Number: 143004662
Reimbursement Form Number: IISDSWBTC
Billed Entity Number: 141456

Tony Williams
INDUSTRIAL INDEP SCHOOL DIST
P.O. BOX 369
VANDERBILT, TX 77991

Preferred Mode of Contact: E-mail at twilliams@iisd1.org
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company

CC: INDUSTRIAL INDEP SCHOOL DIST

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT



Form 471 Application Number: 962646
Funding Request Number: 2646511
Funding Year 2014: 07/01/2014 - 06/30/2015
Contract Number: T
Funding Commitment Decision: \$3361.42
Reimbursement Amount for this FRN: \$0.00

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries, or
consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your
own reference)
IISDSWBTC

FCC Form 472 Invoice #
(To be inserted by administrator) **2278489**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	INDUSTRIAL INDEP SCHOOL DIST
2. Billed Entity Number	141456
3. Service Provider Identification Number (SPIN)	143004662
4. Contact Name	TONY WILLIAMS
5. Contact Telephone Number	361- 2843226 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$4,315.66

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name INDUSTRIAL INDEP SCHOOL DIST Billed Entity Number 141456Contact Name TONY WILLIAMS Contact Telephone Number 361-2843226Applicant Form Identifier IISDSWBTC**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	962646	2646511			7/1/2014	\$7,074.86	61.00	\$4,315.66
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)**\$4,315.66**

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name INDUSTRIAL INDEP SCHOOL DISTBilled Entity Number 141456Contact Name TONY WILLIAMSApplicant Form Identifier IISDSWBTC**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by TONY WILLIAMS16. Date 10/27/201517. Printed name of authorized person TONY WILLIAMS18. Title or position of authorized person SUPERINTENDENT19. Telephone number of authorized person 361- 284322620. Address of authorized person P.O. BOX 369, VANDERBILT TX 77991-0369

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name INDUSTRIAL INDEP SCHOOL DISTBilled Entity Number 141456Contact Name TONY WILLIAMSApplicant Form Identifier IISDSWBTC**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

23. Printed name of authorized person

24. Title or position of authorized person

25. Telephone number of authorized person -

26. Address of authorized person

27. Applicant Remittance InformationName **TONY WILLIAMS**Title **SUPERINTENDENT**

Street Address

PO BOX 369**VANDERBILT, TX 77991**

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100



Administrator's Appeal Acknowledgement Letter
(Funding Year 2014: 07/01/2014-06/30/2015)

December 23, 2015

Tony Pompa
Region 3
1905 Leary Lane
Victoria, TX 77901

Subject: Industrial Independent School District

Tony Pompa,

Universal Service Administrative Company has received your correspondence dated December 18, 2015, on December 18, 2015 regarding the FY2014 funding decision of your FCC Form 471 Application Number(s) 962646 – FRN 2646511 respectively.

These are the steps that will now follow:

1. We will review your correspondence carefully to identify the specific issue(s) it raises.
2. We will consult the Program Integrity Assurance (PIA) records and all supporting documentation for the application. Our goal is to determine whether the program rules were administered appropriately in processing your application.
3. Once the review process is completed we will respond in writing and state whether your appeal is approved, denied or approved in part. A Revised Funding Commitment Decision Letter will follow for any approved appeal resulting in additional discounts for your application. Funds have been set aside to implement funding decisions for appeals approved by the USAC and/or the Federal Communications Commission.

We will perform an in-depth review of your appeal. Our goal is to respond to you as promptly as possible. We thank you in advance for your patience as we handle your appeal with the care and attention it deserves.

Universal Service Administrative Company

Subject:

FW: Administrator's Decision on Invoice Deadline Extension Request

Subject: Re: Administrator's Decision on Invoice Deadline Extension Request

I'll pass this on to Region 3

Sent from my iPhone

From: <deadline@sl.universalservice.org>

Date: January 18, 2016 at 11:25:31 AM MST

To: <

Subject: Administrator's Decision on Invoice Deadline Extension Request

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

2646511

Current deadline extension rules and procedures do not allow approval for the reason submitted.

TO APPEAL THIS DECISION:

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Administrative Decision you are appealing. Indicate the relevant funding year and the date of this letter. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the SLD Invoice Number from the top of your letter.
3. When explaining your appeal, copy the language or text from this letter that is at the heart of your appeal to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.

4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

Schools and Libraries Division
Universal Service Administrative Company

This e-mail has been generated programmatically. Please do not respond to this e-mail.

The information contained in this email may be confidential and is intended solely for the use of the named addressee. Access, copying, or reuse of the email or any information contained therein by any other person is not authorized. If you are not the intended recipient, please notify us immediately by returning the email to the originator.

INDUSTRIAL ISD

Data for YEAR 17 _Program Year 2014_ Funding Year 2014-15

Service Provider: Verizon Southwest, Inc.

Service:	Billing Account #: 10 5489 2883023353 08							SPIN#: 143004789				\$ 1,983.90	
7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	1/1/15	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15		
\$1,903.95	\$1,901.23	\$1,901.23	\$1,903.61	\$1,903.29	\$1,968.54	\$1,966.92	\$1,977.87	\$2,202.41	\$2,217.14	\$1,986.23	\$1,974.34	\$ 23,806.76	
											AVG.	\$ 1,983.90	

Service Provider: AT&T Corp.

Service:	Billing Account #: 058 153 4332 001							SPIN#: 143001192				\$ 53.46	
7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	1/1/15	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15		
\$37.83	\$39.29	\$44.50	\$92.29	\$59.35	\$61.68	\$54.13	\$48.61	\$41.04	\$54.46	\$70.87	\$37.44	\$ 641.49	
											AVG.	\$ 53.46	

Service Provider: Southwestern Bell Telephone Company

Service:	Billing Account #: 361 782 3325 543 1							SPIN#: 143004662				\$ 589.57	
7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	1/1/15	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15		
\$481.11	\$567.85	\$584.37	\$568.70	\$563.13	\$564.23	\$576.59	\$651.53	\$655.70	\$624.97	\$630.04	\$606.64	\$ 7,074.86	
											AVG.	\$ 589.57	

Service Provider: AT&T Corp.

Service:	Billing Account #: 030 254 4475 001							SPIN#: 143001192				\$ 194.35	
7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	1/1/15	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15		
\$112.67	\$192.14	\$226.14	\$226.36	\$181.79	\$176.35	\$170.89	\$258.89	\$153.73	\$271.90	\$190.45	\$170.87	\$ 2,332.18	
											AVG.	\$ 194.35	

Service Provider: AT&T Mobility

Service:	Billing Account #: 870 627215							SPIN#: 143025240				\$ 14.10	
7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	1/1/15	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15		
\$81.62	\$87.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 169.18	
											AVG.	\$ 14.10	